Name in Full

Mrs. Mahlah Belt

Certificate of Death

Died at Lisbon (Town) Howard (County) MARYLAND

Date 1900 Month 1 Day 2 | Age Y. 73 M. D. | Native of Md. | Occupation Retired

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow ~~Widower~~ | Divorced | Number of children living

~~Husband~~ Wife of John Belt

Father's Name | Mother's Name

Cause of Death: Primary 44 — How long sick

Immediate: Paralysis — Accident, Suicide, Homicide

Reported by B W Bowman

Address Poplar Spgs. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70668

Attended by Dr. Milton Warfield

of Lisbon

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full Aaron Bergman

Certificate of Death

Died at Town Dayton County Howard MARYLAND

Date ~~1899~~ 1900 Month Jan Day 2 | Ago Y. 74 M. D. | Native of | Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 6

Husband / Wife of Marie Bergman

Father's Name Christian Bergman Mother's Name

Cause of Death: Primary Heart Disease 57 | How long sick 19 days

Immediate Dyspnea | ~~Accident, Suicide, Homicide~~

Reported by S. A. Nichols MD

Address Dayton Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full — Certificate of Death

Harriett Branson

Died at Ellicott (Town) — Howard (County) — MARYLAND

Date 1900 Month Jany Day 23 — Age Y. 50 M. — D. —

Native of — Occupation domestic

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 2

~~Husband~~ Wife of Dennis Branson Deceased

Father's Name — Mother's Name

Cause of Death — Primary: Heart disease — How long sick: 8 weeks

Immediate: Dropsy

Accident, Suicide, Homicide

Reported by B. F. Byrne

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full — Certificate of Death

Florence Davis

Died at Town: Clarkson — County: Howard — MARYLAND

Date 1900 — Month: Jan — Day: 24 — Age: Y. 26 M. D. — Native of: Md. — Occupation: house wife

Male / ~~Female~~ — ~~White~~ / Colored — Married / ~~Single~~ / ~~Widowed~~ — Number of children living: 6

~~Husband~~ / Wife of George Thomas

Father's Name: Doy Davis — Mother's Name: Cant know

Cause of Death — Primary: Consumption 22a — How long sick: 1 year

Immediate — ~~Accident, Suicide, Homicide~~

Reported by Stephen Hillsinger.

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. B. F. Shipley

of Alpha Howard Co. Md.

Seen by Coroner ———

of

Information contained in this certificate received

from Charles Thomas

of Clarksville Howard Co. Md.

Name In Full

Certificate of Death

Joseph German

Died at Town: Pine Orchard County: Howard MARYLAND

Date Died: Month 1 Day 18 | Age: Y. - M. 16 D. - | Native of: Md | Occupation: —

Male ~~Female~~ | White Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of — Wife

Father's Name: Joseph German Mother's Name: Phillis Brown

Cause of Death: Primary 48 How long sick 3 days

Immediate Convulsions ~~Accident, Suicide, Homicide~~

Reported by Thos. B. Owings

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70883

Name in Full John Hickman

Certificate of Death

Died at Town Florence County Howard MARYLAND

Date 1900 Month 1 Day 1 | Age Y. 75 M. D. | Native of England | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary 153 — How long sick ,

Immediate General debility —

Accident, Suicide, Homicide

Reported by B. W. Bowman

Address Poplar Spge.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78595

Attended by Dr. Todd

of Ridgeville Ind

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Reuben D. Johnson

Certificate of Death

Died at Town Ellicott City - County Howard MARYLAND

Date 1900 Month Jan Day 7 | Age Y. 46 M. - D. - | Native of | Occupation Lawyer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of Mary Hobson Johnson

Father's Name Anthony Johnson

Mother's Name Josephine Dorsey

Cause of Death: Primary Cirrhosis of liver | How long sick

Immediate 90 | Accident, Suicide, Homicide

Reported by Dr B. J. Byrne

Address Ellicott City -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

01701127

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189

Age

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Helen Malone

Died at Ellicott City — Town — Howard — County — MARYLAND

Date 1900 — Month Jan. — Day 29 — Age Y. 4 M. months D. — Native of Md. — Occupation ~~—~~

~~Male~~ — White — ~~Married~~ — ~~Widow~~ — Divorced

Female — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name Edward E. Malone

Mother's Name Mary Dempsey.

Cause of Death — Primary

Immediate

161

How long sick 3 months

~~Accident, Suicide, Homicide~~

Reported by Stephen Hillsinger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. H. E. Hodges

of Ellicott City, Md.

Seen by Coroner —

of —

Information contained in this certificate received

from Joseph Malone

of Ellicott City, Md.

Name In Full

Certificate of Death

M. A. M. Melchert.

Died at Town C. A. Warfield County Howard MARYLAND

Date 1900 Month Jan Day 22 | Age Y. 61 M. D. | Native of Orland | Occupation Housekeeping

~~Male~~ White Yes Married yes ~~Widow~~ ~~Divorced~~

Female Yes ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living None

Husband of Wife Henery Melchert

Father's Name

Mother's Name

Cause of Death

Primary 72

Immediate Pneumonia

How long sick A Week

~~Accident, Suicide, Homicide~~

OVER

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Attended by Dr. John Webb

of Howard Co Md

Seen by Coroner .....

of .....

Information contained in this certificate received

from C. A Warfield

of Howard Co

Md

Name In Full

Certificate of Death

Julius Ernst Roth

Died at Town: Savage County: Howard MARYLAND

Date 1900 Month: 1 Day: 25

Age Y.: 74 M.: 2 D.: 29

Native of: Germany

Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living: 6 8

Husband / Wife of: Barbary Kuesling

Father's Name: unknown

Mother's Name: unknown

Cause of Death — Primary: Traumatic Pneumonia — How long sick: 3 weeks

Immediate: I dont Know 15-20 — Accident, ~~Suicide, Homicide~~

Reported by: Benj F. Shipley M D

Address: Savage Howard Co Md

Filed 1900

Must be signed by physician, if any in attendance, otherwise [illegible], undertaker or minister.

over

LIBRARY BUREAU, 79808

Mr Reh fell from a loaded wagon & fodder his shoulder striking the frozen ground 3 weeks ago I saw him & his after the fall he was in great agony when I first saw him the next day signs of pneumonia developed, & seem to run its course in 9 days when I left him in a convalescent state I had not seen him since the messenger tells me he died in a coughing spell

B F Shipley MD

Name in Full Lizzy Rundels girl

Certificate of Death

Diphtheria

Town Ellicotts Mills County Howard Co Md

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 January	16th/96	Age 7	or 8	years	Lizzy rundels	house girl

Male — White — Married — Widow — Divorced

Female yes — Colored yes — Single yes — Widower no — Number of children living none

Husband of none

Wife

Father's Name peter rundels — Mother's Name sally rundels

Cause of Death — Primary: Diphtheria 8a — How long sick 7 or 8 days

Immediate

Accident, Suicide, Homicide

Reported by Ernest Rundels

Address 1 mrs Easter Ellicotts city

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Attended by Dr. Rogers

of Ellicotts City

Seen by Coroner Louis Clark

of Ellicott

Information contained in this certificate received

from Ernest Rundells

of Co Rd Randmills

Name in Full Eliza Smith

Certificate of Death

Died at Town Cookesville County Howard MARYLAND

Date 1900 Month Jan Day 23 | Age Y. 1 M. 10 D. | Native of Md | Occupation — —

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of Wife

Father's Name George Smith

Mother's Name Eliza Smith

Cause of Death: Primary

Immediate Scrofula - 23

How long sick 9 mos

Accident, Suicide, Homicide

Reported by F E Thompson

Address Cookesville

—

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Albert Selby

of Glenwood

Seen by Coroner md

of

Information contained in this certificate received

from

of

Name in Full Elizabeth ~~Bessie~~ Stewart

Certificate of Death

Died at Town Ilchester County Howard MARYLAND

Date 1900 Month January Day 8 | Age Y. 5 M. — D. — | Native of ~~Maryland~~ 5 a. | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife x

Father's Name George Stewart

Mother's Name Mary Young Stewart

Cause of Death: Primary Diphtheria (Malignant Strep-tococcus infection) — How long sick 4 days

Immediate Septic- 8 a — ~~Accident, Suicide, Homicide~~

Reported by Wm R. Eareckson

Address Elk Ridge, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Rachel Ann Thompson

Died at Town Cookville County Howard MARYLAND

Date 1900 Month Jan Day 2[illegible] | Age Y. 51 M. — D. — | Native of Md | Occupation

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ Widow Widower ~~Divorced~~ Number of children living 3

~~Husband~~ Wife of Adam Thompson

Father's Name

Mother's Name

Cause of Death: Primary Dropsy — — 22h

Immediate Consumption

How long sick 6 weeks

Accident, Suicide, Homicide

Reported by I W Somers — Cookville Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. ~~[illegible]~~ Lacy

of Cooksville Md

Seen by Coroner

of

Information contained in this certificate received

from Jas R Weer

of Eykesville Md

Undertaker